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‘We need “culture-bridges”: professionals’ experiences of sex education for pupils with intellectual disabilities in a multicultural society

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ABSTRACT
This study aimed to explore how sex education in special schools in Sweden is influenced and challenged by the multicultural aspects of modern society. In particular, it sought to explore professionals’ experiences of sex education and of honour-related experiences among young people with intellectual disabilities. Data from five individual interviews and one focus group with four professionals were thematically analysed using sexual scripts as a theoretical framework. The results reveal an ambivalent honour-related script geared toward pupils with intellectual disabilities from cultural backgrounds differing from those of the Swedish mainstream. The provision of sex education, including information about honour-related experiences, is especially important because of these young people’s vulnerability; however, addressing the subject effectively is sensitive and complicated. Colleagues with different cultural backgrounds can act as ‘culture bridges’ for professionals who lack strategies, methods and materials. Increasing professionals’ prerequisite qualifications (e.g. further education, supervision) and adopting autonomy-promoted conduct can empower pupils with intellectual disability to exercise autonomy over their sexuality outside their immediate cultural context.

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Introduction
The current Swedish national strategy for sexual and reproductive health and rights (SRHR) emphasises the importance of comprehensive sex education to prevent honour-related violence and oppression and to support its victims (Socialstyrelsen and Folkhälsomyndigheten 2014). Additionally, the strategy highlights the importance of addressing and including specific vulnerable groups. This article focuses on professionals’ experiences of honour-related violence and oppression among pupils with intellectual disability in special schools. An intellectual disability can lead to limitations in abstract thinking, in understanding processes and context, and in communication skills (Granlund and Kerstin Göransson 2011). More specifically, the disability may limit understanding of the contradictory and parallel sexual norms that are characteristic of today’s multicultural societies (Forsberg 2007).
The term honour-related violence and oppression describes a situation in which sexual norms are culturally connected to ‘honour’ and control over people’s lives (Grände 2011; Ouis 2009; Schlytter and Linell 2010). An individual’s sexuality is controlled by the larger collective in traditional and patriarchal societies, such as occurs in some Muslim communities (Ouis 2009; Socialstyrelsen 2014). Such societies and settings are frequently kinship-organised, which implies that sexuality and reproduction are collective concerns, often policed through notions of honour (ibid). However, concepts of honour and the discourses they employ can lead to a stigmatisation and demonisation of the Other, through associations with ‘backwardness’, violence and sexual barbarism as associated with non-ethnic Swedes (see Gill and Brah 2014). Because of this, in this paper we use the term ‘honour-related experiences’ (HRE) to describe experiences not only connected to violence and oppression. For example, parents – in a caring and loving, but non-violent way – may arrange marriages in an attempt to do what they consider best for their child.

Löfgren-Mårtenson and Ouis (2018) argue that young people with intellectual disability growing up with a cultural background other than that which is typical of Swedish society may undergo a ‘complicated tug of war’ between contradictory cultural norms connected to sexuality and disability. Because of life-long dependency, it is difficult for young people with intellectual disability to oppose the values and wishes of parents and school staff concerning how they should express their sexuality and/or choose a partner (Löfgren-Mårtenson 2012; Löfgren-Mårtenson and Ouis 2018; TRIS 2012). In addition, having a child with a disability is often perceived as shameful in many cultures (Östman 2008). Therefore, an arranged marriage is sometimes viewed as an opportunity for the young person with a disability to have an ‘ordinary life’ with a spouse and children instead of living in isolation (Löfgren-Mårtenson and Ouis 2018). Not the least, it can also be a way of securing an economic and social future. At the same time, people with intellectual disability are perceived as especially vulnerable when it comes to sexuality, unwanted pregnancies and sexual abuse (e.g. Löfgren-Mårtenson 2012; Tilley et al. 2012). Consequently, marriage may force young people with intellectual disability into sexual situations that they have difficulties understanding and managing as a result of their psychosexual development and limited knowledge about sexuality and reproduction (e.g. Löfgren-Mårtenson 2012).

Sex education in special schools in a multicultural context

Sweden has a long history of compulsory sex education which, until now, has been marked by homogenous beliefs, values and morals linked to its history of financial stability and relative homogeneity (Bartz 2007; Lennerhed 2002). Currently, sex education is challenged by the growing multiculturalism typical of Swedish society, which is marked by the presence of parallel and contradictory sexual norms concerning sexual openness and restrictiveness (e.g. Bartz 2007; Corngold 2013; Löfgren-Mårtenson and Månsson 2010). This makes sex education in special schools especially urgent, as an intellectual disability can decrease the capacity to understand and critically review different sexual norms, sexual codes and signals (Löfgren-Mårtenson 2012).

The term multicultural in the respect refers to the fact that Sweden over the last decades has changed from a relatively ethnically homogenous society to a society
characterised by high levels of immigration. Today, every sixth citizen in Sweden has a non-Swedish background (in total, 1.7 million of the Swedish population is reported as having been born in another country). The largest minority ethnic groups in more recent migration come from Iran, Lebanon, Syria, Afghanistan, Somalia, Eritrea and the former Yugoslavia (SCB 2017). These countries are, according to the World Values Survey (WVS 2017), more collectivistic, traditional and religious compared to Sweden.

Teaching sex education in special schools is often seen as a sensitive area (Löfgren-Mårtenson 2012; Löfgren-Mårtenson and Ouis 2018). As a result, several studies show that current sex education fails to meet the needs of pupils in these settings (Gougeon 2009; Löfgren-Mårtenson 2012; Schaafsma et al. 2017). Existing standards of sex education are too general, and the aim of providing a good quality curriculum to all is difficult to achieve. Furthermore, existing standards are often not adapted to varying developmental, maturational and intellectual levels among the group they intend to address (Murphy and Elias 2006). In addition, professionals working in special schools state that they need further education, materials, methods and supervision in this area (Löfgren-Mårtenson 2012).

Rohleder (2010) points out that providing sex education for people with disabilities often causes ambivalence. On one hand, the need for sex education is recognised, but on the other hand, providing it creates anxiety concerning the potential to cause harm or inappropriate sexual behaviour. Furthermore, most existing forms of sex education are focused on sexual risks and prevention, rather than on sexual desire and the more positive aspects of sexuality (Gougeon 2009; Löfgren-Mårtenson 2012). Lafferty, McConkey, and Simpson (2012) have identified four barriers commonly used to explain the lack of sex education in special schools: the need to protect vulnerable persons, lack of staff training, the scarcity of educational resources, and cultural prohibitions. In conservative societies with a high level of religious adherence, professionals may adopt a narrow stance with regard to what is deemed acceptable sexual behaviour, and even more so with regard to people with intellectual disabilities (Ryan and Roy 2000). However, in-depth knowledge of professionals’ experiences of current societal challenges in a multicultural society and their relevance to young people with intellectual disability seems to be absent. Furthermore, we lack knowledge as to whether sex education in special schools includes information and discussion on different sexual culture norms and honour-related experiences among young people with intellectual disability.

**Aim and research questions**

The aim of this pilot study therefore was to fill this gap and to describe and understand professionals’ views and experiences of sex education in special schools connected to honour-related experiences (HRE) among young people with intellectual disabilities. The following research questions guided the process.

- How do professionals describe the abilities of young people with intellectual disability to deal with parallel and contradictory sexual norms?
- What experience do the professionals have with dealing with different sexual and cultural norms in sex education geared towards young people with intellectual disability?
• What strategies do professionals in special schools have at their disposal when they encounter pupils with intellectual disability who have HRE?

**Theoretical framework**

Gagnon and Simon [1973] 2005 sexual script theory was used as a theoretical framework. Using such an approach, sexuality is understood within a historical, cultural and social context. Through social interaction with others, the individual acquires answers to the following questions concerning sexuality: when, where, why, how and with whom? The term ‘script’ is used here as a metaphor: offering a template based on the socialisation process, whereby each culture creates its own norms and values. Scripts exist at collective, interpersonal and intrapsychic levels. Collective cultural scripts relate to overall societal values regarding sexuality, while interpersonal scripts organise relationships between people in line with society’s norms. In contrast, intra-psychic scripts specify how an individual should act and react within a particular situation.

According to this theory, late-modern society may be described and characterised as having parallel cultural scripts reflecting different norms and patterns of behaviour (Gagnon and Simon [1973] 2005; Löfgren-Mårtenson and Månsson 2010). These scripts are enshrined in each country’s legislation and regulations (e.g. the marriage code, etc.). Previous research in Sweden has revealed a restrictive sexual script directed toward young people with intellectual disability (Löfgren-Mårtenson 2009, 2013). This script reinforces the heterosexual norms characteristic of the prevailing cultural script. However, a preference for relationships based on love and friendship instead of sexual relationships that includes heterosexual intercourse, is significant within this script (Löfgren-Mårtenson 2009, 2013). One important explanation for this lies in the fact that the families and caregivers of young people with intellectual disability typically feel responsible for their sexuality. Their concerns are based on the ‘darker’ aspects of sexuality (e.g., unwanted pregnancy, risk of sexual assault, etc.). As a result, young people with intellectual disability are often overprotected. The restrictive script can also be seen in the sex education typically provided in special schools, which focuses on sexual risk instead of desire, intimacy and pleasure (Löfgren-Mårtenson 2012).

**Methods**

**Approach**

Qualitative methods are often used with the aim in to generate in-depth, contextual knowledge on a particular subject (Denzin and Lincoln 2003) and when the research area is underexplored (Svensson and Bengt Starrin 1996). This kind of approach can be used in a flexible way to capture complex aspects of the area under study (Kvale and Brinkman 2009). In this pilot study, we selected both individual interviews and focus groups as key methods. Individual interviews allow us to collect data on individual informants’ views and perspectives. As a complement, focus groups enable access to more widely shared attitudes and experiences (Wibeck 2010).
**Sample**

An information and consent letter was sent to school principals at four special schools with pupils between 16–21 years in a city in southern Sweden, with 300,000 inhabitants representing 177 different nationalities. The principals then forwarded the letter to professionals (e.g. teachers, personal assistants, school nurses), all of whom were invited to participate in the study. The informants who decided to participate confirmed their willingness to do so by responding directly to the researchers with an email. Depending on their work schedules and tasks (e.g. as a personal assistant), informants could choose either to participate together in a focus group (if there were additional professionals who preferred to talk about the subject in a group) or in an individual interview.

**Data collection**

The individual interviews and one focus group were conducted in the various special schools where the professionals were employed. The research team consisted of two researchers, both female, with different professional backgrounds. One was a specialist in the field of sexuality and intellectual disability and the other a specialist in sexuality and migration. The latter conducted one individual interview by herself for practical reasons. A semi-structured interview guide was used with both individual interviews and the focus group (see Appendix). Interviews lasted between 45 minutes and the focus group lasted 1.5 hours, and all were recorded and transcribed verbally.

The empirical data consist of five individual interviews with professionals working as personal assistant, teacher, special pedagogue, school counsellor, and school nurse (all female), and one focus group with four professionals working as personal assistants and teachers in special schools (three females and one male). In total, therefore, nine informants between the ages of 31–63 participated in the study. They had been working with pupils with different levels of intellectual disability from between three months to 30 years. All, except for one focus group member and one informant, were ethnic Swedish. In addition, two pre-meetings were held with 11 informants in total: five teachers, five personal assistants and one school leader in special schools who discussed the topic of HRE among pupils in special schools and assisted in the development of the study design and approach.

**Analysis**

Data were analysed by using the software programme MAXQDA 12. Categories were created on the basis of the research questions and then transformed into analytical codes and finally into themes. The underlying theoretical framework (see below) was used to contextualise discussion.

The project adhered to Swedish Codex ethical guidelines concerning information, consent, date use and confidentiality (Vetenskapsrådet/CODEX 2016). To maintain confidentiality, no names, ages or other identifying information are given in relation to quotations from professionals in the presentation of the results. In the quotations that follow, R stands for researcher/s), I (1, 2, 3, 4, 5) for individual interviews and F (1, 2, 3, 4) for focus group informants.
Findings

Study findings are presented in relation to three overarching themes: 1) perceptions of the young people’s abilities related to sexual and cultural norms; (2) experiences of sex education related to HRE; and (3) strategies and ways of handling HRE in special schools.

‘It’s a long road to go!’ Perceptions of the young people’s abilities

When it comes to understanding and dealing with sexual and cultural norms, informants described a broad variety of experiences and circumstances within the group of pupils with intellectual disabilities in special schools. Pupils’ language and communicative abilities differed, as did their levels of impairment of abstract thinking. As a result, professionals described challenges in explaining and teaching social conduct using one social situation as an example to support the pupils own strategies for dealing with other similar social situations. For example, pupils with intellectual disabilities might be encouraged to ask for permission before they hug a classmate; thus, in principle they might understand that they are supposed to ask professionals the same before hugging them. This was discussed in a focus group.

This thing with trying [as a teacher] to translate and use one situation to another… that it is too abstract for them [the youths] to understand. Sometimes we try to encourage them to understand a situation that has happened before, [but] it’s a long road for them; you have to do it for several semesters. (F: 6)

This limited ability to understand and perceive norms, codes and signals was seen as a substantial part of the intellectual disability that the informants described. For example, the act of flirting was a form of conduct that professionals saw as complex and difficult to understand, especially when pupils show romantic interest in a person without an intellectual disability. Informants said that in such a situation they tried to support and protect the young person with intellectual disability to ensure they were not emotionally hurt or sexually abused. Training in the interpretation of sexual signals and codes is an important part of sex education that is often ignored.

[…]… they don’t really have the ability to perceive signals or critically review them when they are excessive. So it does not look good […] but then they just say: ‘Yes, I want to be here, and I want to be seen!’ I try to explain that it [sending sexual signals and codes by dressing or acting sexually] might not give the right signals, and that it is difficult, but it’s nothing that they want to talk about. (I: 2)

Informants described how it was even more difficult for young people with intellectual disability to handle different and contradictory sexual and cultural norms. Pupils with intellectual disability who have been born and raised in Sweden, but who have parents from other countries, have a hard time when visiting relatives in their home countries. For example, they cannot understand why boys and girls may be treated there differently compared to Sweden. One informant, from Muslim background, explained:

Yes, it’s really hard for them [the young people]. For example, the pupils who were born here in Sweden, they have not been brought up in their home countries. It is harder for
them to understand cultural differences; they live here in Sweden and are bred with this culture. It’s a whole different life. Not to celebrate in the same manner as in their home country, where it is often very special. The girls here are not treated in the same way as in Iraq or Lebanon or Syria. When they go there, it is difficult for them to understand why there is such a difference, if you think about this with honour-related violence. (I: 4)

Informants identified other important factors relating to young people with intellectual disability: such as their limited or absent ability to critically understand, protest and be separate from their parents as adolescents and adults. ‘In order to protest, you have to understand what you are protesting against’, one informant states. This complexity was illuminated in a focus group:

F6: None of our students understand the norm. What is standard: that blue is for boys, and pink is for girls.
F1: They cannot take themselves out of their position and reflect from outside themselves. That is how it is, and so it has always been.
F6: I don’t think they’re aware that they would be able to have an option.
R: Is it a bit easier, one might say, to keep this group within honour-related conduct rules so that conflict does not occur?
F3: They do not revolt against their parents the same way others might do. They do not understand that they can do so.

However, it is not only the disability itself that influences the life circumstances of young people with intellectual disability. Interviews revealed that a combination of factors – such as the level of intellectual disability, gender, social class, ethnicity and age – can makes young people’s situation complex and vulnerable. Dealing with this complexity is an important part of acting as a professional. As one informant stated:

We are discussing what factors makes you extra exposed, in addition to disability. It can be a weak economic situation or social class, or it can be cultural or ethnic factors like gender and age as well. We try to identify this complexity. (I: 2)

’We can’t change the future!’ Experiences of sex education in a multicultural school

Several informants talked about the recent change in the Swedish curriculum from sex education being a specific subject to a theme that needs to be integrated into various subject areas. They felt that as a result sex education has been ‘invisibilised’, with no one feeling responsible for it. Nevertheless, informants saw the subject as especially important in special schools, as young people with intellectual disability seldom have the means to receive sex education elsewhere, for example information through books and from peers. One informant talked about it being a form of ‘life education’ and emphasised how young people with intellectual disability need more education, information and support than others:

I wish we had more time to teach ‘life skills’; it seems that it [sex education] has trickled out into various subjects. In the past, one could schedule time for it; now we are not supposed to have it as specific topic. Instead, it is supposed to be part of all the subjects, and it doesn’t always work. Some [teachers] are good at including it, but then [to do this] you have to be comfortable talking about sex. When you are not comfortable, then you avoid it. (I: 5)
Informants also talked about the importance of who conducts sex education. If a teacher is not comfortable teaching the subject, it is better for another professional, such as, for example, a school nurse or counsellor to do it. Personal assistants were mentioned as a group of professionals well-suited to addressing sex education issues on a daily basis. Because they worked closely with pupils with intellectual disability, both during lessons and on the breaks, this allows them to assist in social situations that young people themselves cannot handle. When it comes to HRE, professionals with different kinds of cultural backgrounds can be very useful since they have a variety of cultural competences. One informant said:

We have a staff member who is a faithful Muslim, but very open-minded and talks about it. She really is our ‘culture-bridge’. She started a project with swimming lessons for the girls. She can talk with their parents in ways that we do not dare. She is able to more or less threaten them [the parents] by saying, ‘If you do not come here [to school] with yours kids, we will come home to you and get them back to school!’ She is very straightforward, and it is necessary to make them come. (I: 1)

Informants said that they often relied on and put their trust in the professionals who were seen as ‘culture bridges’. These colleagues were perceived to have a higher legitimacy to communicate certain messages to parents, specifically those with cultural sensitive content.

Parents’ reactions to sex education were important in influencing pupils to participate in the education. If the parents are positive about sex education, then their sons and daughters would attend the lessons. But if they were not, then their children would probably stay at home. Informants described a variety of reactions from parents concerning sex education. Some were relieved that their children received this kind of information in school rather than at home. Others did not want their children to take part in sex education lessons. Informants stated that it was important to note that some families think of sex and relationships as family matters not to be discussed in school or believe that sexuality is something not to be discussed at all, no matter where. One informant asserted:

I know there are parents who protest against sex education, but I don’t know if there have been some of them in our school who actually protested. I think the topic itself make the pupils hesitant to go home and tell their parents that they have had sex education in school. (I: 1)

Some parents do not see school education as important as eventually getting married. Compared to getting a secondary school qualification arranging a marriage is seen as a way of caring and creating a secure future for their children, economically as well as socially. Getting married is also recognised as conferring social status on the people with ID. This is essential when having a child with a disability may be seen as a source of shame in some cultures. Despite this, several of the informants said that they tried to convince parents of the importance of their children finishing school before getting married. ‘We can’t change the future’, one informant said, continuing,

We [the professionals] inform parents of the right [for the pupils with intellectual disability] to complete school and then they can marry. (I: 5)
Some informants gave examples of pupils with intellectual disability who were not allowed by their parents to talk or to socialise with pupils of the opposite sex. Sometimes professionals helped young people keep secret their opposite sex friendships from their parents. Another strategy consisted of separating girls from boys, which makes sex education or swimming lessons more viable. One female informant described a ‘girls-group’ they had started to make it possible for female pupils to learn to swim. They were not permitted to take part in lessons if boys attended simultaneously. She explained,

We also have a swimming school for girls who have different cultural backgrounds, and the swimming teacher, who comes from Iraq, is one of our great(est) personal assistants. She has been working at the indoor swimming pool. […] There was much skepticism from one of the parents. But there are no boys at the lessons, and the girls find it so fun to be there; they have coffee and a cake afterwards. (I: 3)

‘My colleague from Iran is the best help!’ – Strategies on sex education and HRE

To deal with sex education and HRE in a professional manner, informants stressed the need for suitable methods and materials on the subjects. In general, it was rare to find books and films that are both easy to read and not experienced as ‘childish’ by young people with intellectual disability. One school nurse spoke of the brochure You Have the Right to Decide Who You will Marry, which worked well for young people with intellectual disability and that have HRE. Unfortunately, the book is now out of print, she continued.

Another informant described the ignorance among girls in general from cultural backgrounds where the body and of sexuality are taboo to talk about. ‘If the girls also have an intellectual disability, it is even more complicated’, she said, continuing by saying that some pupils do not have any knowledge about menstruation, pregnancy and sexual intercourse. Therefore, it is important to find easy-to-read-material that includes topics connected to HRE, for example, material geared towards girls who have been genitally cut. The same informant said,

They have an anatomical atlas […] and there is a great ignorance. A girl at the special school, she is pregnant, and she asked me how the baby will get out. We have the circumcised girls who we also try to support; we had a girl from Somalia who had really severe period pains and urinary tract infections, and she was tied together, and she was supposed to be opened up [at the hospital], but then she moved to another county. But I have forwarded a copy of her medical records the other school, so they can see how far we have come, and hopefully my colleague can continue with the case. (I: 3)

Close collaboration with colleagues was seen by informants as an important way of dealing with sex education and HRE, especially when sex education is supposed to be dealt with across the curriculum as a whole. However, informants mostly talked about the lack of collaboration they witnessed. One informant stated:

Now the focus is supposed to be on the core subjects […] mostly I feel that each teacher runs his or her own race and that’s a shame. But there is some cooperation, for example our maths teacher who works together with the home economics teacher. (I: 2)
Another way of dealing with HRE in special schools was to construct ‘fake schedules’, which open up for more freedom for the young people with intellectual disability to socialise with peers, as well as members of the opposite sex, during time that is officially allocated for lessons, but which in reality is spare time.

.... we drew up a fake schedule that showed that [...] always stays at school until 4 pm. That is the schedule that she shows at home, so she gets some ‘air’ and a little privacy here at school. Maybe she can go to the mall with some friends and feel like a ‘normal’ girl, and this has made all the difference for her. (I: 3)

The same informant explained that to be ‘normal’ means being not over-protected by the parents. However, not all informants agreed with this way of handling HRE. There were also risks, for example, if parents discovered that the schedule was fake, or if something untoward happened to a pupil. However, these risks had to be balanced against the benefits of this relative freedom for young people themselves.

As a whole, the informants said that they lacked strategies when it came to sex education and HRE. Currently, each professional has to make individual decisions based on his or her own personal attitudes and values. Further education, guidelines and supervision should be compulsory while working at schools, one informant argued. Nevertheless, talking with colleagues seemed to be an important means of handling handling the subject. This was looked upon as very valuable, not least if colleagues had varied cultural backgrounds that could increase understanding of different sexual norms. Another strategy for dealing with sex education and HRE involved referring young people to the school counsellor or another professional who was not part of the school health team. One informant explained,

There’s a lot of ‘putting out fires’; there is very little we discuss in advance. There are individual employees who attend courses and who are particularly interested. We might discuss matters when we have a theme day or school project [on sexuality, relationships and HRE], but we have no [overall] strategy. [...] Often you go to the school counsellor so she might take on the problem, and one happily hands over the case to the social worker. (I: 1)

Discussion

In summary, this small-scale study shows that professionals in Swedish special schools agree on the importance of sex education, especially in relation to the variety of sexual and cultural norms that exist today. Information and teaching on SRHR was seen by professionals in this study as one of the most urgent parts of sex education geared towards young people with intellectual disability. Young people were seen as being especially vulnerable when it comes to HRE, even though the professionals had varied experiences of how to include these issues in sex education. However, findings also reveal that professionals have to deal with complexities concerning parents’ different cultural attitudes towards sex education and concerning pupils with intellectual disabilities’ limited ability to understand and manage different sexual norms. While professionals stated that they lacked methods, knowledge and strategies on how best to handle HRE among the young people with intellectual disability, they were, at the same time, hesitant about how, when and by whom sex education should be conducted – not least, in what ways different sexual norms and values should be addressed. This complexity contributed to a certain indecisiveness among professionals.
Aided by sexual script theory, our analysis shows that professionals express the need to relate to what we interpret as an ambivalent honour-script (cf. Gagnon and Simon [1973] 2005). This script is geared toward pupils with intellectual disability from traditional cultural backgrounds, especially from Muslim countries. Although professionals wanted to meet the needs of the pupils with intellectual disability across different cultural backgrounds, they were uncertain how to do so because students’ needs varied and levels of intellectual impairment differed among members of this heterogeneous group. Furthermore, while professionals did not want to oppose the values of the home, they were worried about the sexual and reproductive consequences of arranged marriages for pupils with intellectual disability. This ambivalence is in line with Rohleder’s (2010) study on educators’ ambivalence and anxiety in providing sex education for people with learning disabilities. The need for sex education was recognised, but providing it created worries for professionals. Importantly, however, professionals in this study worried less about inappropriate sexual behaviour than about sexual vulnerability and the risk of sexual assault within arranged marriages. Furthermore, they did not want to create anxiety for the pupils with intellectual disability who were caught between the schools’ and the families’ conflicting sexual and cultural norms.

Studies of sex education in special schools reveal something of an over focus on risk behaviour and heterosexual sex (e.g. Gougeon 2009; Löfgren-Mårtenson 2012). However, research also reveals a gap, while young people with intellectual disability instead focus on the risks connected to the limited options for living a life with a partner and a family (Löfgren-Mårtenson 2012; Rojas, Haya, and Lazaro-Visa 2016). How can these issues be addressed in a context where marriage and coupling are part of a cultural system that may also include oppression and violence?

Bartz (2007) among others has addressed the question of whether the content of sex education in liberal countries should be changed by incorporating recent immigrants’ ideas into national policies and into sex education. She raises fundamental questions concerning the extent to which recent immigrants will adopt to Scandinavian values and policies. So far, the Swedish sex education curriculum has undergone little change as the result of current cultural challenges and Bartz (ibid. p. 28) stresses the importance of ‘acting before fear, racism and segregation cement’. In line with her analysis, Whitten and Sethna (2014) highlight the importance of incorporating work on anti-racism into sex education in today’s multicultural society. Corngold (2013, 461) has discussed how a liberal pluralist society should approach sex education in the face of ‘deep disagreement about sexual morality’. He argues that schools should utilise ‘an ‘autonomy-promoting’ approach, which aims to empower students, cognitively and emotionally, to exercise sovereignty over their own sexuality’ (ibid., 461).

Findings from this study illuminate the importance of working with colleagues who can be used as bridges between different sexual norms when dealing with cultural difference. Their presence and involvement makes it easier to collaborate and forge trustful relationships, both with pupils with intellectual disability as well as with their families, leading to new and more productive possibilities for sex education at special schools. However, such an approach can be problematic for several reasons. First, staff with a non-Swedish background may be given tasks which perhaps they are not educated or responsible for. Furthermore, other professionals may not know what has been communicated to families or how the communication has taken place.
Additionally, culture bridges may be used to avoid rather than deal with conflicting issues. In this kind of situation, prejudices and misunderstandings between all parties are left unsolved. Nevertheless, when used effectively culture bridges may be helpful in supporting young people with intellectual disability towards ‘autonomy-promoted’ conduct in relation to their families. This may empower pupils with intellectual disability, as it does other pupils, to exercise autonomy over their own sexuality despite the complex cultural context.

**Limitations**

It is important to recognise that this article does not aim to provide a comprehensive understanding of discourse(s) on honour-related violence and oppression. Rather, it is based on a small number of informants that contributed with their experience on the subject among young people with intellectual disability. We are aware that a tension between (sex) liberal Sweden and (sex) repressive Others can be identified in the narratives of professionals. Nevertheless, we believe that informants’ experiences are based on challenges due to heterogeneous family and sexual norms, which needs to be talked about and addressed. Finally, the results only provide information on how professionals perceive teaching sexuality in a multicultural setting, rather than on how pupils with intellectual disability experience their own situation. Further research is required to address these limitations.

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**References**


Appendix  Interview Guide

THEME: Experiences and knowledge

- Do you as a professional working at a special school meet pupils with different cultural backgrounds who have intellectual disabilities (ID)? If so, give examples, please.
- Can you describe specific situations among the pupils with ID that are connected to honour-related experiences (HRE)?
- Do you and/or your colleagues have knowledge in HRE among pupils with ID, and, if so, from where did you obtain such knowledge (e.g., further education on the subject and/or supervision)?

THEME: Conduct and strategies

- Do you as a professional think that pupils with ID need professional support from you when it comes to HRE, and if so, what kind of support?
- Can you describe your conduct regarding how to meet pupils with ID concerning HRE? Do you as a professional have any strategies and/or guidelines?
- Is gender an important factor, or not, when it comes to how to meet pupils with ID concerning HRE? If so/not, how come?

THEME: Sex Education – a model on HRE

- Do you think that information about different sexual norms and cultures should be part of sex education? If so, in what ways?
- Should all pupils with ID attend sex education, regardless of their ethnic and cultural background? Why/why not?
- What do you need as a professional in a special school to work with sex education and HRE geared towards pupils with ID?

Any other comments